

ANIMAL RELEASE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's registration and health care.

ROUTINE USE(S): Used by veterinarians and health care authorities to identify the animal and verify ownership of described animal being released for diagnostic, therapeutic, and/or surgical procedures. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation; and evaluate the care provided.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on the military installation and comprehensive health care may not be possible.

1. OWNER

a. NAME (<i>Last, First, Middle Initial</i>)		b. ORGANIZATION ADDRESS (<i>Street, City, State, ZIP Code</i>)	
c. GRADE	d. SSN		

2. ANIMAL

a. SPECIES	b. BREED	c. COLOR	d. SEX	e. AGE	f. NAME	g. TAG NUMBER
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3. AUTHORIZATION

I hereby consent and authorize you to receive, prescribe for, and treat or operate on my privately-owned animal for which I have shown proof of ownership.

You are to use reasonable precautions against injury, escape, or destruction of the animal. You will not be liable or responsible for the care, treatment, or safekeeping of the animal described above, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

I further authorize the veterinarians at the Veterinary Treatment Facility to remove any dermal growths or tumors for which a definitive diagnosis or lab work has revealed the need to do so.

If I have not picked up the animal described above within 5 days from the date of your written notice to my address shown above, the animal will be considered abandoned and may be disposed of or destroyed as you deem best. It is understood that actions taken on abandoned animals do not relieve me from paying all costs of your service and the use of your facilities, including the cost of kenneling.

Type of treatment/surgery requested: _____

After carefully reading the above, I have signed the agreement.

a. OWNER'S SIGNATURE	b. DATE SIGNED
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4. REMARKS